

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on November 5, 2015. This Facility was first licensed as a Home for the Aged on November 6, 1996 for Forty (40) Resident Beds. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Section 409.1 Group I Unrestrained Occupancies. Deficiencies were noted which will require a new plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, the fire drills are not being conducted on the proper schedule. This could cause personnel to not know their responsibilities in a fire emergency. Findings include: Some fire drills are being conducted at shift change using personnel from both shifts. Each shift must have separate fire drills to specifically train personnel on that shift to evacuate residents, without guidance from personnel on other shifts. 2. Based on observation, current reports were	C 111		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 111	Continued From page 1 not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Fire Marshal's Report,	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having a loose grab bar at the toilet. Findings Include: The room 109 bathroom has a loose grab bar at the toilet.	C 133		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 210 has furniture with handles loose/missing on the drawers. b) Room 208 has furniture with handles loose/missing on the drawers. c) Room 203 has furniture with handles loose/missing on the drawers. d) Room 105 has furniture with handles loose/missing on the drawers. e) Room 104 has furniture with handles loose/missing on the drawers f) Room 102 has furniture with handles loose/missing on the drawers	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 3 Findings include: The oxygen bottles are being stored in a beverage crate that can not adequately prevent them from tipping over.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit over the center section 2. Based on observation, the building mechanical equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: Radiation dampers in the HVAC ceiling vents are	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 4</p> <p>disabled, or have activated in the following locations:</p> <ul style="list-style-type: none"> a. Soiled Linen room b) Laundry room damper has been tied open, c) Dining Room d) Pantry <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. The HVAC vent in the Laundry/water heater room is falling out of the ceiling b. The flue escutcheons on the two gas-fired water heater exhausts in the Laundry / water heater room have slid down and no longer cover openings to the attic. c) Activity Room has an unprotected penetration in the wall d) The Kitchen ceiling has unprotected penetrations by Ansul piping e) The kitchen ceiling has a sprinkler escutcheon that has a gap revealing an opening to the attic. f) Dining Room has a gypsum patch covering a hole in the ceiling. Repair and refinish g) The Nurse Station has an unprotected penetration in the ceiling. h) The corridor med room door at the Nurse station has a hole over the knob i) Room 105 bathroom has wall and ceiling joints that are separating, j) There is a hole over the door in the Care Coordinators office <p>These unprotected openings are not in conformance with the requirement to use a</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 5</p> <p>through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) Dining Room door is beeing held open with a wedge, b) Room 102 has a corridor door that will not close and latch, c) Room 101 has a bathroom door that will not close and latch,</p> <p>5. Based on observation, the building plumbing equipment was not maintained in a safe manner. This would affect all residents by potentially creating a slip and fall hazard</p> <p>Findings include: a) There is a toilet coming loose from the floor in the room 103 bathroom</p> <p>6. Based on observation, the building electrical system was not maintained to keep the facility safe. This would affect all residents by potentially exposing them to a shock hazard.</p> <p>Findings include: Damaged outlets were observed in the following locations: a) Laundry has a duplex outlet cover missing. b) Room 108 has a broken duplex outlet with exposed contacts, (repaired by licensed electrician while on-site),</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	Continued From page 6	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: The exhaust fans are not working in the following locations: a) Laundry b) Room 209 shared bathroom c) Bathing Room near 207 d) Room 110 shared bathroom	C 199		